

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	2225	8-5-00
O.I.P.E. CLASSIFIER		49	3/17/00
FORMALITY REVIEW	SK	835	9/20/00
RESPONSE FORMALITY REVIEW	AL	553	11-24-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	7/17/02
2	7/17/02
3	7/17/02
4	7/17/02
5	7/17/02
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49	7/17/02
50	7/17/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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